

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15116

**1. PLACE OF DEATH**

County Hannover Registration District No. 882  
 Township Hickory Grove Primary Registration District No. 6174  
 City St. Louis, Mo. (No.     ) St.      Ward     

**2. FULL NAME**

Julia Hastings  
 (a) Residence, No.      St.      Ward       
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House hold  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

17. INFORMANT Harvey Hastings (ADDRESS) 1414 E. 1st St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tristell Church DATE Apr 22 1932

19. UNDERTAKER Widmeyer (ADDRESS) 1414 E. 1st City, Mo.

20. FILED 4/20 1932 R. A. Hines Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1932 to Apr 19 1932  
 I last saw her alive on Apr 16 1932 Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis  
Mitral Regurgitation  
 Date of onset ?

Other contributory causes of importance: 92A

Name of operation no Date of     

What test confirmed diagnosis?      Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?      Date of injury     , 19    

Where did injury occur?      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       
 Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?     

If so, specify MS Clearbach M. D.  
 (Signed) Wright City, Mo  
 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MAY 31 1932

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